"FEE ADDRESS" INDICATION FORM

Address to: Mail Stop Issue Fee Commissioner for Patents PO 8ox 1450							
Alexandria, VA 22313-1450 Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:							
M costomer number	L		•	Place Customer Number Bar Code Label here			
00	Type Customer Number here						
OR							
OR Request for Customs	er Number (PTO/SB/125) atta	ched nereto					
Firm or Individual Name							
Address		***************************************		***************************************			
Address		***************************************					
City		State			ZIP		
Country					***********	+	
Telephone		Fax					
in the following listed applica	ation(s) for which the Issue Fee h	as been paid	or pat	ent(s).			
PATEN (if		APPLICATION NUMBER					
7,036,082					************		
(check one)		13. Sl./28					
Applicant/loventor			Signature				
Assignee of record of		Benjamin S. Withrow					
Attorney or agent of		Typed or printed name					
Assignment recorded at Reel Frame			919-238-2300 Customer's telephone number				
La rissignificial records	o at iveer Fishe			Costoffiel 8 I	Bieblic	sie number	
			October 28, 2009 Date				
							NOTE: Signatures of all t required. Submit multiple

Total of 1 forms are submitted.

Burden Hour Statement: This collection of information is required by 37 CFR 1,363. This information is used by the public to softmit (and by the USPTO16 process payment of patient minimisens once, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is ordinated to take 0.08 mendes to compile, including quitering, preparing, and submitting the compilet payment of maintenance fees. Time will very depending on the information once along compiletion on the amount of the major submittenance of the confidence and processing on the submittenance of the confidence of